

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/842138** | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8		2				
9		2				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	8					
TOTAL CLAIMS	9					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS